2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000079842									
1. Entity Nan GLOBAL		T HOUSE, INC.			}	06 OCT 10 AH 11: 14			
Principal Plac	e of Busines	is	Mailing Address	2001	-	TLAHASSE	OF SIATE		
15894 SW 2	1 ST		15894 SW 21 ST				LLAHASSE	E. L.TOMBY	
MIRAMAR, FL 33027 MIRAMAR, FL 33027									
2. Principal F	Place of Rusin	naee	3. Mailing Address						
			5. Walling Address				83/81 81111 8311 88111 88111	BANIT IARAKA KAJOK IANJA ANEND I	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10062006	REIN-P	CR2E098 (11/05)	
City & State			City & State			4. FEI Numb	2939769		pplied For ot Applicable
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired Fee Required			
6. Name and Address of Current F			it Registered Agent			7. Name and Address of New Registered Agent			
VILLA, KA	DEL			Name					
15894 SW MIRAMAR	21 ST	27	Street Address		(P.O. Box Numb	er is Not Acceptable))		
					City			□	
8. The above	named entit	v submits this statement	for the purpose of changing its	register	,	red agent or bo	th in the State of Flor	FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
Many in additional add									
		FEE 18 \$150.00 107, Fee will be \$300.		In accordance w corporation did r	ith s. 607.193(2)(b), not receive the prior	F.S., the notice.			
10.		OFFICERS ANI	D DIRECTORS		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE NAME	DPST VILLA, KA	ADEI	☐ Delete	TITU	1		المحادة فاستاه فسناه فساد فالداد المداد	Change	☐ Addition
STREET ADDRESS	15894 SV				ET ADDRESS	1.33 1.77 1.77	1617777767 1408-161683	. 317 **150 - 317 **150	.00
CITY-ST-ZIP	MIRAMAF	R, FL 33027	☐ Delete	-ST-ZIP					
NAME	•		Li Delete	TITL NAM				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP				
TITLE			☐ Delete	:			☐ Change	Addition	
NAME STREET ADDRESS	NAM DDRESS STR								
CITY-ST-ZIP		 		CITY	-ST-ZIP				
TITLE NAME			☐ Delete	TITLE NAM				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS - ST - ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street address				NAM STRE	E Et address			·	
CITY-ST-ZIP					-ST-ZIP				
TIFLE NAME			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				ET ADDRESS				:	
CITY-ST-ZIP		- i-f	th able filter deep a		-ST-ZIP		Barrie Arriva		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: / /nadel Villa 10/6/04 305-962-4548									
SIGITAL	J./L	SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICER	OR DIRECT	OR		/ Date	Daytime Phone #	

20/13